(102) Cer	tification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on bel	
also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and	y responsibilities include ensuring the accuracy of the data reporting requirements provided data provided to the authorized agent is accurate.	I to the authorized
		W p
Name of Authorized Agent:	181 - Martin	
Name of Reporting Carrier:		- 17
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
이 본 전 시민들 때문에 얼마나 되지만 하면 하지 않아 보이었다. 그 이는 사이의 가지 하는 것이 할 때 이 경기에 보고 있다. 이 가지 않는데	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information report	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	gent:	
	Filing Due Date for this form:	

Attachments

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(060) Co	verage and Performance Report	FCC Form 690 Approved by OMB OM8 Control No. 3060-1185
<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<140>	Coverage and Performance Report Year	08/2014 - 07/2015

<141>

<al></al>	<=2>	<a3></a3>	 41>	<b2> −</b2>	<b3></b3>	Kcl> ***	<c25*< th=""><th>cc3></th><th><d></d></th></c25*<>	cc3>	<d></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
тх	Nacogdoche s	0000	0	0	0	0.0	0.0	0.0	Yes
				1000	040				3 - 3
			17-18 N						
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			-						
			-						
	-								

Percentage of Total Population Reached by Service

0	ī	ī		

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas 10, LLC Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448022

County/State: Nacogdoches, TX Total Award Amount: \$55,220.00

Project Description

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

			FCC Form	П
Mobility			Approved by OM	
	- §54.1009 Annual Reporting Hection Form		OMB 3060-118 Avg. Burden Estimate per Respondent: 18 Hour	1
oute co.		448023		П
<010>	Study Area Code		Accepted / Filed	-
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed	_
<020>	Program Year	2015	JUN 25 2015	
<030>	Contact Name: Person USAC should contact with questions about this data	Ana Bataille	Communications Commission	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356911 ext.	Office of the Secretary	
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com		
50.540 mm - 100		G. K. et al grand months of the little state of the little state of the little state of the little state of the		85
			(check box when complete)	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/I	N) <040> ()	
10 10				_
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
				_
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	۷
.050			oro [7]	
<050>	Carrier Contact Information	(complete attached worksheet)	<050>	
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>	
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070> 🗸	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	\circ	
		(If yes, complete the attached worksheet)	<080>	
<090>	Project Update Information	(complete attached worksheet)	<090>	
<100>	Certifications			
	<101> Reporting Carrier Certification (comp	lete attached certification)	<101>	
	<102> Agent Certification (comp	lete attached certification)	<102>	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<015> <020>				
<015> <020>		etics and the	And the professional profession and the profession	OMS Control No. 3060-1185 Page 2 of 8
<015> <020>	Study Area Code		448023	
~	Study Area Name		Texas 10, LLC	
×020>	Program Year		2015	
	Contact Name - Person USAC should contact regarding thi		Ana Bataille	
<035>	Contact Telephone Number - Number of person identified		6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <030>	abataille@cellonenation.com	
Reporting (Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0017235110		
		rexas 10, LLC	M	
	SERVICE TRANSPORT AND THE TRANSPORT			-
	A STATE OF THE STA	rexas 10, LLC	S. 2.4	
		1170 Devon Park Dri	ve, Suite 104	
	(2004).	Wayne		
<115>	State	PA		
<116>	Zip-Code 1	19087	27 0000 000 000 0000 0000 0000 0000 000	
<117>	Telephone Number	5105356911 ext.		
<118>	Fax Number	5106885209		
<119>	Email Address	abataille@cellonena	tion.com	
Contact Inf				
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	na Bataille		
<121>	Filing Carrier Name	exas 10, LLC		
<122>	Street Address (or PO Box)	170 Devon Park Dri	ve Suite 104	
<123>	City	ayne		
<124>	State Pi	'A	3 3745	
<125>	Tin Code	9087	XXXX XXXXX III IV	
	Talanhara Norther			- m-marc
	Fay Number	105356911 ext.		
	Email Address	106885209	100 April 2017	
<128>	Email Address al	bataille@cellonenat	tion.com	
Authorized	d Agent Information			
2	if no agent, indicate in this box			
	Name (First, MI, Last, Suffix)			
	Andrew State of the State of th			
	Company			
	Street Address (or PO Box)			***************************************
	City			- /*-
<134>	State			102
<135>	Zip-Code		—— PALMOLINGULA.	
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Cov	erage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448023
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<140>	Coverage and Performance Report Year 08/2014 - 07/2015	
	Coverage and Performace attachements	TX.zip

<a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> <141> Total Road Certify that Road Miles per Miles Coverage and Road Resident **Total Resident** Miles Census covered Performance data Resident Population Population per Block per is uploaded (Yes/no) **Newly Reached** Reached by Census Population per Newly Census State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered Service by Service

(070) Url	oan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448023
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

		loyee as to Compliance with 47	
l certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my respons	ibilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE	A CONTRACTORION	Date 06/25/2015
Printed name of Authorized Officer:	Ana Bataille		
itle or position of Authorized Officer:	Tax & Regulatory Manager	4.1	
elephone number of Authorized Officer:	6105356911 ext.		
Study Area Code of Reporting Carrier:	448023	Filing Due Date for this form:	07/01/2015

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting
I certify that (Name of Agent)	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the rep	
Name of Authorized Agent:	orts and data provided to the additivized agent is accurate.
Name of Reporting Carrier:	A CONTRACTOR OF THE CONTRACTOR
A SECTION OF THE PROPERTY OF T	-
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can b	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code	telanili da	448023	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this data		Ana Bataille	The state of the s
<035>	Contact Telephone Number - Number of person identified in data		6105356911 ext.	364
<039>	Contact Email Address - Email Address of person identified in data	line <030>	abataille@cellonenation.com	
<142> <143>	County			
<144> <145>	Tribal Land(s) on which ETC Serves Tribal Government Engagement Obligation Name of A	ttached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OM8 OM8 Control No. 3060-1185 Page 6 of 8
4010s	Shirehi Assa Cada	
<010>	Study Area Nama	448023
	Study Area Name	Texas 10, LLC
<020>	Program Year Contract Name Person USAS should contact regarding this data	2015
<030>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Ana Bataille
	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	211800.00
<203>	Total Mobility Fund Support Disbursed	70600.00
<210> <211>	Actual Completion Date Project Status Description (attached)	448023_PSD_TX.pdf {Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	1
<217>	Project Plan Status	7
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	O O

(101) Cerl	tification - Reporting Carrier	FCC Form 690 Approved by OMB OM8 Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448023
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille

6105356911 ext.

abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030><039> Contact Email Address - Email Address of person identified in data line <030>

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC				
Signature of Authorized Officer: CERTIF	ED ONLINE			Date 06/25/2015
Printed name of Authorized Officer: Ana Ba	aille			
Fitle or position of Authorized Officer:	Regulatory Manager		-10.0	
Telephone number of Authorized Officer: 61	5356911 ext.	100		
Study Area Code of Reporting Carrier:	448023 Filin	g Due Date for this form:	07/01/2015	

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Page 8 of 8

<010>	Study Area Code	448023
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

l certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
	orized to submit the reports for Mobility Fund recipients on behalt carrier; and, to the best of my knowledge, the information reports	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Co	verage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	448023
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<140>	Coverage and Performance Report Year	08/2014 - 07/2015

(a2) (a3) (b1) (b2) (b3) (c1) (c2) (c5) (c6) <141> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Population Population **Road Miles** per Census covered per Resident data is uploaded **Newly Reached Block Newly** Population per Reached by per Census Census Block (yes/no) Census Block by Service Reached State County **Census Block** Service Block Nacogdoche 0000 0 0.0 TX 0 0 0.0 0.0

> Percentage of Total Population Reached by Service

. . . .

0

Percentage of Total Road Miles covered by Service 0

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas 10, LLC Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448023

County/State: Nacogdoches, TX Total Award Amount: \$211,800.00

Project Description

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

1.75	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448024	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2015	JUN 25 2015
<030>	Contact Name: Person USAC should contact with questions about this data	Ana Bataille	Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356911 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com	
Mark States			
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill <042> Cite the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Study	ed with the Form 481 reporting	N) <040>
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov.	er tribal lands? Yes or No)	\circ
		(if yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications		
	<101> Reporting Carrier Certification (comp	lete attached certification)	<101>
	<102> Agent Certification (comp	lete attached certification)	<102>

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OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form		1800 1800 1800 1800 1800 1800 1800 1800	FCC Form 690
			end to the second	Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448024	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding	g this data	Ana Bataille	41
<035>	Contact Telephone Number - Number of person identi		6105356911 ext.	
<039>	Contact Email Address - Email Address of person ident	tified in data line <030>	abataille@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0017235110		
<111>	Filing Carrier Name	Texas 10, LLC		to the second of
<112>				
	Winning Bidder Carrier Name	Texas 10, LLC	700 A00 A0 TWO	an annual
<113>	Street Address (or PO Box)	1170 Devon Park Dr:	ive, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087	ALL VICTOR CONTRACTOR	
<117>	Telephone Number	6105356911 ext.		2
<118>	Fax Number	6106885209		
<119>	Email Address	abataille@cellonena	ation.com	
<120> <121> <122> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Ana Bataille Texas 10, LLC 1170 Dewon Park Dri Wayne PA 19087 6105356911 ext. 6106885209 abataille@cellonena		
1110	Email Address	abataille@cellonena	ition.com	
<u>Authorize</u> <130> <131>	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company			
<132>	Street Address (or PO Box)			
<133>	City			· · · · · · · · · · · · · · · · · · ·
<134>			737. 744645. 2007.	
	State		Assistance	
<135>	Zip-Code			
<136>	Telephone Number	9		
<137>	Fax Number			
<138>	Email Address			

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448024
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<140>	Coverage and Performance Report Year 08/2014 - 07/2015	
	Coverage and Performace attachements	TX.zip

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	≺d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance dat is uploaded (Yes/no)
			5	ee attach	ed works	heet			
							-		-

(070) Urb	ean Rate Comparability Certification Compliance		PCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448024	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	er inication or officer or emp	loyee as to Compliance with 47	C/ 11 354.1005(a)(4)	
l certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my responsi	bilities include ensuring compliance	with 47 CFR §54.1009(a)(4)	, the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/25/2015
Printed name of Authorized Officer:	Ana Bataille			
Title or position of Authorized Officer:	Tax & Regulatory Manager			
Telephone number of Authorized Officer:	6105356911 ext.			47
Study Area Code of Reporting Carrier:	448024	Filing Due Date for this form:	07/01/2015	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the rep	orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based of
data provided by the reporting carrier; and, to the best of m	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment und

(080) Triba	d Lands Reporting	海海		FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448024	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding		Ana Bataille	
<035>	Contact Telephone Number - Number of person identif Contact Email Address - Email Address of person identif		4020-	
1055	contact Email Address Email Address of person facility	ned in data line	<pre>abataille@cellonenation.com</pre>	2017
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			105-35
<145>	Tribal Government Engagement Obligation			
	The second and a second second second	Name of Attach	ed Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes:	the attached	able) for	
			Select	
<146>	Needs assessment and deployment planning with a for community anchor institutions;	cus on Tribal	(Yes, No, Not Applicable)	
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

<153>

<154>

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information		PCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8	いいのかかのごろうのかという
Templemon Schwerze				_
<010>	Study Area Code	448024		
<015>	Study Area Name	Texas 10,	LLC	
<020>	Program Year	2015		_
<030>	Contact Name - Person USAC should contact regarding this data	Ana Batail	le	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abatailles	cellonenation.com	
<200>	Date Authorized to Receive Support	08/16/	2013	
<201>	Targeted Completion Date	08/17/	2015	
<202>	Total Mobility Fund Support Awarded	99999.	20	
<203>	Total Mobility Fund Support Disbursed	33333.	07	
<210> <211>	Actual Completion Date Project Status Description (attached)		I_PSD_TX.pdf e of PDF attached}	
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.			
<212>	Status of Network Deployment - Network Design	1	7	
<213>	Status of Network Deployment - Construction	1	-1	
<214>	Status of Network Deployment - Deployment	1	-i	
<215>	Status of Network Deployment - Maintenance	7	1	
<216>	Project Budget Status	1	1	
<217>	Project Plan Status	1		
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	0	0	

(101) Cert	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448024
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.							
Name of Reporting Carrier: Texas 10, LLC							
Signature of Authorized Officer: CERTIFIED ONLINE		Date 06/25/2015					
Printed name of Authorized Officer: Ana Bataille							
Title or position of Authorized Officer:	Manager						
Telephone number of Authorized Officer: 6105356911 ex	t						
Study Area Code of Reporting Carrier: 448024	Filing Due Date for this form: 07/01/2	015					

(102) Certification - Agent / Carrier	经基本产生 经基本公司 斯奇	FCC Form 690
		Approved by OMB
"是是基础化和通色的图像影像整理的发生的重要。"	2000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年	OMB Control No. 3060-1185
THE STATE OF STATE OF STATE OF STATE OF THE STATE OF STAT	BUT THE FERENCE TO FEEL	Page 8 of 8

<010>	Study Area Code	448024
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	ponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized
agent; and, to the best of my knowledge, the reports and	provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. Name of Reporting Carrier: Name of Authorized Agent or Employee of Agent: Signature of Authorized Agent or Employee of Agent: Printed name of Authorized Agent or Employee of Agent: Title or position of Authorized Agent or Employee of Agent Telephone number of Authorized Agent or Employee of Agent: Filling Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.